

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	1					52						
3	1	1					53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		1					66						
17		1					67						
18		1					68						
19		2					69						
20		2					70						
21		2					71						
22		1					72						
23		2					73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		3					78						
29		3					79						
30		3					80						
31		3					81						
32	1						82						
33	1						83						
34	1						84						
35		3					85						
36		3					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	57	17					TOTAL IND.						
TOTAL DEP.	77	64					TOTAL DEP.						
TOTAL CLAIMS	134						TOTAL CLAIMS						

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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